



Health Services

School Intake Interview – Student with Life Threatening Allergies

Please note, this does not replace the anaphylaxis care plan (FARE form)

Contact Information

Student Name: _____ Date of Birth: _____

Parent/Guardian 1: _____ Email: _____

Phone Number(s) _____

Parent/Guardian 2: _____ Email: _____

Phone Number(s) _____

Preferred form of communication: _____

Health Care Provider treating allergy: _____ Phone: _____

Transportation to/from school: _____

Will your child attend Before/After school care at their school? Yes No

School sponsored activities/sports: _____

Have you scheduled an appointment to speak with your child’s teacher and administrator? Yes No

Health History

What does your child have a Life Threatening Allergy to? _____

When and how did you first become aware of this allergy? _____



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What has to happen for your child to react to the allergen(s)?

- Eating foods Touching foods/allergen Inhalation
- Other, explain: _____

What signs are usually present during an allergic reaction? (Check all that apply)

- Difficulty breathing Rash/hives
- Difficulty swallowing Nausea/vomiting
- Loss of consciousness Flushed/unusually pale color
- Swelling Other _____
- Student has verbal cues (explain): _____

How quickly do the signs and symptoms appear after exposure to food(s) or allergen(s)?

- Seconds Minutes Hours Days

When was your child's last allergic reaction? _____

Are the allergy reactions: staying the same getting worse getting better

How many times has your child had a reaction? Never Once More than once, explain:

Has your child ever received or used an EpiPen/Epinephrine Auto Injector? Yes No

Please describe: _____

Does your child wear a Medic Alert bracelet or other jewelry/indicator? Yes No

Does your child understand how to avoid foods/allergens that cause allergic reactions? Yes No

What treatment or medication has your doctor recommended for use in an allergic reaction?



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School Accommodations

What medication(s) will your child have at school:

EpiPen/Epinephrine Auto Injector Antihistamine Inhaler

These medications were ordered for self-administration: Yes No

Will child self-carry their emergency medication this year? (requires MD authorization) Yes No

Does your child need training on how to administer an EpiPen/Epinephrine auto injector? Yes No

Do you want your child to sit at an allergen aware table? Yes No

Do you want your child to be in an allergen aware classroom? Yes No

Either before school starts or on the first day of attendance the completed anaphylaxis action plan (FARE form) must be signed by a licensed medical provider and the parent/guardian and brought to the school health office along with the medication/treatment supplies.

Parent/Guardian signature: _____ Date: _____

Reviewed by Travel RN: _____ Date: _____

Reviewed by Health Aide/Health Aide Plus: _____ Date: _____

Please be aware that this IHP may be shared with other MCCSC staff that has a legitimate educational/safety interest.



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